

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) THOMAS KOZIO STATE SENATE 1
 Office (if applicable) District (if applicable)
2010 MAYER WAY SPARKS NV 89431 775 3549526
 Mailing Address (include city and zip code) Telephone No.

E-Mail Address

Select Appropriate Box(es)

☒ CANDIDATE ☐ PAC ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP
☐ LEGAL DEFENSE FUND ☐ AMENDED ☐ LOCAL BAG

24586

- ☐ Annual Filing - Due January 15, 2010
 Period: January 1, 2009 - December 31, 2009
- ☐ Report #1 - Due June 1, 2010*
 Period: Jan. 1, 2010 - May 27, 2010
- ☒ Report #2 Due - October 26, 2010*
 Period: May 28, 2010 - Oct. 21, 2010
- ☐ Report #3 Due - January 15, 2011**
 Period: Oct. 22, 2010 - Dec. 31, 2010
- ☐ Annual Filing - Due January 15, 2011
 Period: January 1, 2010 - December 31, 2010

Office of the Secretary of State Ross Miller Elections Division
KRut 06/10/10
FOR OFFICE USE ONLY

- * These Reports are filed by incumbents/candidates in the 2010 election cycle
 ** Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
 (See page 1 of instruction sheet)
2. Total Monetary Contributions in the form of loans guaranteed by a third party.
 (See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans that were forgiven
 (See page 2 of instruction sheet)

This Period

Cumulative
From Beginning of
Report Period #1
through End of
This Reporting
Period

0	552.32
0	0
0	0

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

4. Total Amount of Monetary Contributions Received
 (Add Lines 1 through 3) (See page 2 of instruction sheet)
5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
 (See page 2 of instruction sheet)
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

0	0
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0	552.32
---	--------

EXPENSES SUMMARY

7. Total Monetary Expenses Paid in Excess of \$100
 (See page 2 of instruction sheet)
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)

0	0
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0	552.32
---	--------

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

TK Kozio
 Signature

Date

6-10-10

Report Period # 2

THOMAS KOZIOL
Name (print)

STATE SENATE

1
District (if applicable)

[illegible]

EL201.doc

Revised: Nov-09

PAGE 3 OF 5

CAMPAIGN EXPENSES

Report Period # 2Name (print) THOMAS KOZIOLOffice (if applicable) STATE SENATEDistrict (if applicable) 1

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
N/A			
Expense of 552.32		is for 4.6.10	
Ad			

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**IN KIND CAMPAIGN
CONTRIBUTIONS**

Report Period # 2

Name (print) TITUMAS KEBIOL

Office (if applicable) STATE SENATE

District (if applicable) 1

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
<u>N/A</u>						

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CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

THOMAS KOZIO

STATE SENATE

Name (print)

2010 MAYEX WAY

Office (if applicable)

SPARKS NV 89431

District (if applicable)

775 354 9526

Mailing Address (include city and zip code)

Telephone No.

E-Mail Address

Select Appropriate Box(es)

- ☒ CANDIDATE ☐ PAC ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP
☐ LEGAL DEFENSE FUND ☐ AMENDED ☐ LOCAL BAG

24587

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This Period

Cumulative
From Beginning of
Report Period #1
through End of
This Reporting
Period

0	552.32
0	0

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

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0	0
0	0

0	552.32
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EXPENSES SUMMARY

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 (See page 2 of instruction sheet)
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)

0	0
0	0

0	552.32
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AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing Is True and Correct.

Signature

Date

6.10.10

WRITTEN COMMITMENTS

Report Period # 3

Name (print) THOMAS KOZIOLO

Office (if applicable) STATE SENATE

District (if applicable) 1

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
N/A		

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CAMPAIGN EXPENSES

Report Period

3

THOMAS KABIOL

STATE SENATE

Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100

Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
N/A This Period			
552.32 From	4.26.10		

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Report Period # 3

1
District (if applicable)

**Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary**

[illegible]

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